

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PAYMENT HISTORY FOR *(check one)*:

- ☐ Child
 ☐ Spousal
 ☐ Family
 ☐ Medical
 ☐ Unreimbursed child care
☐ Unreimbursed medical
 ☐ Other *(specify)*:

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

INSTRUCTIONS FOR COMPLETING PAYMENT RECORD

You must complete a separate *Payment History Attachment* form for each type of support paid. Enter the year, and list the amount ordered and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column and to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills receipts, and other proof of expense) as necessary .

☒ Child

Year 2000

Year 2001

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January	100	0	100	100
February				0
March		↓		↓
April		100		100
May		100		0
June		100		↓
July		0		↓
August		↓		100
September		↓		100
October		100		0
November	↓	↓	↓	↓
December	↓	↓	↓	↓
TOTAL	1,200	600	1,200	400

☒ Spousal

	AMOUNT ORDERED	AMOUNT PAID
January	100	0
February		↓
March		↓
April		100
May		100
June		100
July		0
August		↓
September		↓
October		100
November	↓	↓
December	↓	↓
TOTAL	1,200	600

UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:

Enter the amount of the *Payment History Attachment*. If you have more than one bill/receipt per month use an additional declaration page (form MC-031) or separate page. **1.)** Itemize each expense; **2.)** attach proof of bill or payment; **3.)** mark each bill or payment with an Exhibit # ____; **4.)** group the bills receipts in chronological order for each month; and **5.)** enter the total bill/receipts for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

☒ Unreimbursed child care expenses

☒ Unreimbursed medical expenses

Year 2001

Year 2001

	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February	50% (\$200)	100
March	50% (\$200)	0
April	50% (\$200)	50
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL	\$400	150

	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February		
March	50% (\$200)	0
April	50% (\$75)	0
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL	\$237.50	0

Form MC-031

Petitioner/Plaintiff Defendant/Respondent		CASE NUMBER	
I request reimbursement for 50% of these expenses, which are supported by copies of bills receipts, and other proof of expense.			
01/04/01	Dr. Adams	\$45.00	Exhibit A
01/08/01	Dr. Lee, D.D.S.	\$155.00	Exhibit B
02/15/01	AB X-ray Inc.	\$200.00	Exhibit C
04/26/01	Kids Therapy	\$75.00	Exhibit D
Child care expenses:			
01/02	ABC School	50% (\$200)	} Exhibit E
02/02	ABC School	50% (\$200)	
03/02	ABC School	50% (\$200)	
04/02	ABC School	50% (\$200)	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
..... (TYPE OR PRINT NAME)	 (SIGNATURE OF DECLARANT)	
Form MC-031 ATTACHED DECLARATION			